

FLOOD: YES OR NO  
ZONE: \_\_\_\_\_ BY: \_\_\_\_\_



1-B East Jefferson Street/ Post Office Box 1799, Quincy, FL 32353  
Phone# 850-875-8665 Fax: 850-875-7280

## ROOFING PERMIT APPLICATION

Property Owners Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Job site Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Property Parcel Number \_\_\_\_\_

Contractor \_\_\_\_\_ License No \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**NOTICE OF COMMENCEMENT REQUIRED FOR ALL PERMITS THAT ARE \$2,500 OR MORE IN VALUE.**

**HOMEOWNERS WORKING AS CONTRACTOR MUST HAVE 1 & 2 INSPECTION AND FINAL ROOF INSPECTION**

CHECK ALL THAT APPLY:

( ) COMMERCIAL ( ) RESIDENTIAL

☐ NEW

☐ RE-ROOF

☐ Florida Product Approval #(s): \_\_\_\_\_

☐ Number of Squares \_\_\_\_\_ Number of square feet \_\_\_\_\_

☐ Asphalt Shingles Must Comply with ASTM D225 or D3462

☐ Roof Pitch \_\_\_\_\_ Felt Pounds \_\_\_\_\_

☐ Wood Shingle or Shakes

☐ Slate or Slate Type Shingles

☐ Roof Tile

☐ Metal shingles

☐ Metal Panels/ Architectural Metal (MUST HAVE MFG. INSTALLATIONS INSTRUCTIONS)

☐ Structural Metal Roofing (MUST HAVE MFG. INSTALLATIONS INSTRUCTIONS)

☐ Low Slope/Bituminous Roof Systems

☐ Other Roofing System: If you're installing a system that is not indicated above please explain below and provide technical data to support the system. This system may need to be approved by the plans reviewer.

Fee is based on \$50.00 for 1<sup>st</sup> \$1000 of Valuation and \$5.00 for each additional \$1000 of valuation thereafter.

Valuation of the job (Estimate): \_\_\_\_\_ Permit Fee\$ \_\_\_\_\_

**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. By signing this permit you are stating you are aware of these additional restrictions/permits. I hereby attest that all the information given is true and agree to install the roof in accordance with the manufacture's installation instructions and the 2017 Florida Building Code.

Signature of Contractor or Owner

Date

**GADSDEN COUNTY**  
**DISCLOSURE STATEMENT FOR OWNER CONTRACTOR**  
**AND /OR ASBESTOS ABATEMENT PERMIT**  
**TO ACT AS A**

**FLORIDA STATUTES 489.103**  
**Disclosure Statement**

STATE LAW REQUIRES CONSTRUCTION TO BE DONE BY LICENSED CONTRACTORS. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU, AS OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN CONTRACTOR WITH CERTAIN RESTRICTIONS, EVEN THOUGH YOU DON'T HAVE A LICENSE. **YOU MUST PROVIDE DIRECT, ONSITE SUPERVISION OF THE CONSTRUCTION YOURSELF.** YOU MAY BUILD OR IMPROVE A ONE FAMILY OR TWO-FAMILY HOME RESIDENCE OR A FARM OUTBUILDING. YOU MAY ALSO BUILD OR IMPROVE A COMMERCIAL BUILDING PROVIDED YOUR COST DOES NOT EXCEED **\$75,000**. THE BUILDING OR RESIDENCE MUST BE FOR **YOUR OWN USE AND OCCUPANCY**. IT MAY NOT BE BUILT OR SUBSTANTIALLY IMPROVED FOR SALE OR LEASE. IF YOU SELL OR LEASE A BUILDING YOU HAVE BUILT OR SUBSTANTIALLY IMPROVED YOURSELF WITHIN ONE YEAR AFTER THE CONSTRUCTION IS COMPLETE, THE LAW WILL PRESUME THAT YOU BUILT OR SUBSTANTIALLY IMPROVED IT FOR SALE OR LEASE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR OR TO SUPERVISE PEOPLE WORKING ON YOUR BUILDING. IT IS YOUR RESPONSIBILITY TO MAKE SURE THE PEOPLE EMPLOYED BY YOU HAVE LICENSES REQUIRED BY THE STATE LAW AND COUNTY OR MUNICIPAL LICENSING ORDINANCES. YOU MAY NOT DELEGATE THE RESPONSIBILITY FOR SUPERVISING WORK TO A LICENSED CONTRACTOR WHO IS NOT LICENSED TO PERFORM THE WORK BEING DONE. ANY PERSON WORKING ON YOUR BUILDING WHO ISN'T LICENSED MUST WORK UNDER YOUR SUPERVISION AND MUST BE EMPLOYED BY YOU, WHICH MEANS THAT **YOU MUST DEDUCT F.I.C.A. AND WITHHOLDING TAXES AND PROVIDE WORKERS COMPENSATION FOR THAT EMPLOYEE**, ALL AS PRESCRIBED BY LAW. YOUR CONSTRUCTION MUST COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES, BUILDING CODES, AND ZONING REGULATIONS.

***I CERTIFY BY MY SIGNATURE THAT I HAVE READ AND UNDERSTAND THIS DISCLOSURE STATEMENT AND THAT I SHALL COMPLY WITH ALL THE REQUIREMENTS FOR ISSUANCE OF THE OWNER/BUILDER PERMIT.***

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PROPERTY OWNER'S SIGNATURE

DATE

**F.S.469.002 & FLORIDA BUILDING CODE 104.4.4**  
**Asbestos Abatement**

STATE LAW REQUIRES ASBESTOS ABATEMENT TO BE DONE BY LICENSED CONTRACTORS. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU AS THE OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN ASBESTOS ABATEMENT CONTRACTOR EVEN THOUGH YOU DO NOT HAVE A LICENSE. **YOU MUST SUPERVISE THE CONSTRUCTION YOURSELF.** YOU MAY MOVE, REMOVE, OR DISPOSE OF ASBESTOS-CONTAINING MATERIALS ON A RESIDENTIAL BUILDING WHERE YOU OCCUPY THE BUILDING AND THE BUILDING IS NOT FOR SALE OR LEASE, OR THE BUILDING IS A FARM OUTBUILDING ON YOUR PROPERTY AT THE TIME THE WORK WAS DONE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR. YOUR WORK MUST BE DONE ACCORDING TO ALL LOCAL, STATE, AND FEDERAL LAWS AND REGULATIONS WHICH APPLY TO ASBESTOS ABATEMENT PROJECTS. IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT PEOPLE EMPLOYED BY YOU HAS LICENSES REQUIRED BY STATE LAW AND BY COUNTY OR MUNICIPAL LICENSING ORDINANCES.

***I CERTIFY BY MY SIGNATURE THAT I HAVE READ AND UNDERSTAND THIS ASBESTOS ABATEMENT EXEMPTION AND THAT I SHALL COMPLY WITH ALL THE REQUIREMENTS FOR ISSUANCE OF THE OWNER/ABATEMENT CONTRACTOR PERMIT.***

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PROPERTY OWNER'S SIGNATURE

DATE